

Smyrna Fire and Police Youth Academy 2015 Application

(Please print)

*Due to demand, 1st time applicants will receive priority
Applications will be processed in order in which they were received*

Full Name _____

Address: _____

Phone Number: _____ Date of Birth: _____

What school does your child attend?: _____ Grade: _____

Parent/Guardian Name: _____

Daytime Number: _____ Pager / Cell # _____

Primary Email Address: _____

Emergency Contact: _____ Phone # _____

Allergies or medications: _____

Special Instructions _____

Have You Previously Attended the Youth Academy? _____ Year _____

Applicants will be notified of their acceptance to the Youth Academy via email.

Applicant's Signature: _____

Parent(s) Signature: _____

Date: _____

Smyrna Fire and Police Youth Academy

Permission and Release from Liability

_____ (Applicant's Name)

The undersigned person, who is the natural parent or the legal guardian of the above named applicant, gives consent for the above named student to participate in the Smyrna Fire and Police Youth Academy on June 15-19, 2015 with the clear understanding that participation creates risk normally associated with such activities. I further give permission to the representatives of the Smyrna Fire and Police Youth Academy to render or authorize medical treatment by a hospital or doctor in the event of any injury or illness.

In recognition of the foregoing matters, the undersigned parent or guardian releases The Town of Smyrna, its employees, agents, officers, directors, members from liability for any and all loss, claim, damages or expense resulting from or related to participation of the applicant in this activity.

Date

Parent or Guardian

Home Number: _____

Work Number: _____

State of Tennessee

County of Rutherford

The foregoing document was executed before me this _____ day of _____, 20__.

Notary

Commission Expires

Medical Insurance Company _____

Policy Number _____

Smyrna Fire and Police Youth Academy

Parent/Guardian Tour Permission Form

Rutherford County
Juvenile Detention Center
1710 S Church St.
Suite 4
Murfreesboro, TN 37130



I, _____
the parent or legal guardian of _____
give permission for my child to participate in the tour provided by
the Rutherford County Juvenile Detention Center. I understand that
the purpose of this tour is to show my child the possible
consequences of poor choices and illegal behavior.

Parent/Guardian Signature

Date